

514C.17 Continuity of care — terminal illness.

1. Except as provided under [subsection 2 or 3](#), if a carrier, as defined in [section 513B.2](#), or a plan established pursuant to [chapter 509A](#) for public employees, terminates its contract with a participating health care provider, a covered individual who is undergoing a specified course of treatment for a terminal illness or a related condition, with the recommendation of the covered individual's treating physician licensed under [chapter 148](#) may continue to receive coverage for treatment received from the covered individual's physician for the terminal illness or a related condition, for a period of up to ninety days. Payment for covered benefits and benefit levels shall be according to the terms and conditions of the contract.

2. A covered person who makes a change in health plans involuntarily may request that the new health plan cover services of the covered person's treating physician licensed under [chapter 148](#) who is not a participating health care provider under the new health plan, if the covered person is undergoing a specified course of treatment for a terminal illness or a related condition. Continuation of such coverage shall continue for up to ninety days. Payment for covered benefits and benefit levels shall be according to the terms and conditions of the contract.

3. Notwithstanding [subsections 1 and 2](#), a carrier or a plan established under [chapter 509A](#) which terminates the contract of a participating health care provider for cause shall not be required to cover health care services provided by the health care provider to a covered person following the date of termination.

[99 Acts, ch 41, §4; 2008 Acts, ch 1088, §132; 2017 Acts, ch 148, §70](#)